

| POSITION | INITIALS | ID NO | DATE |
|---------------------------|----------|-------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 20 | 6/16 |
| FORMALITY REVIEW | MS | 825 | 8/2/01 |
| RESPONSE FORMALITY REVIEW | MS | 1127 | 10/02/01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

BEST AVAILABLE COPY

| Claim | Date |
|----------------|------|
| Final Original | |
| 1 | ✓ |
| 2 | ✓ |
| 3 | ✓ |
| 4 | ✓ |
| 5 | ✓ |
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| Claim | Date |
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| Final Original | |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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7856
 08-02-01
 617
 11-8-01